

Revision: HCFA-PM-95-4
JUNE 1995

(HSQB)

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy
(Will use the criteria and notice requirements specified in the regulation.)

TN No. 95-08

Supersedes

TN No. 92-10

Approval Date NOV 8 1995 Effective Date July 1, 1995